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Bib Data Sheet

CONFIRMATION NO. 9930

|   |   |                                   |  |   |
|---|---|-----------------------------------|--|---|
| <b>SERIAL NUMBER</b><br>10/516,579  | <b>FILING OR 371(c)<br/>DATE</b><br>04/21/2005<br><b>RULE</b>   | <b>CLASS</b><br>210               | <b>GROUP ART UNIT</b><br>1723  | <b>ATTORNEY<br/>DOCKET NO.</b><br>1330.012US1 |
| <b>APPLICANTS</b><br>Steven D Kloos, Chanhassen, MN;<br>Philip Rolchigo, Pittstown, NJ;<br>Chia Kung, Eden Prairie, MN;   |   |                                   |  |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/17527 06/04/2003<br>which claims benefit of 60/386,032 06/04/2002<br>and claims benefit of 60/386,032 06/04/2002   |   |                                   |  |   |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged <u>Examiner's Signature</u> <u>Initials</u> |   | <b>STATE OR<br/>COUNTRY</b><br>MN | <b>SHEETS<br/>DRAWING</b><br>2   | <b>TOTAL<br/>CLAIMS</b><br>73                 |
|   |   |                                   |  | <b>INDEPENDENT<br/>CLAIMS</b><br>13           |
| <b>ADDRESS</b><br>49747   |   |                                   |  |   |
| <b>TITLE</b><br>Membrane devices and device components  |   |                                   |  |   |
| <b>FILING FEE<br/>RECEIVED</b><br>2714  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |